2012 Legal Assistant Conference

November 2, 2012 Doubletree Resort Gilbert, Arizona



STRANGULATION - What are you doing about it?

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ARIZONA PROSECUTING ATTORNEYS' ADVISORY COUNCIL

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Attempted Strangulation Cases

Documentation Worksheet

Symptoms and / or Internal Injury:

Breathing	Voice Changes	Swallowing Changes	Behavioral Changes	Other	
Changes Difficulty Breathing Hyperventilation Unable to Breathe Other:	Raspy Voice Hoarse Voice Coughing Unable to Speak Other:	Trouble Swallowing Painful to Swallow Neck Pain Nausea Vomiting Other:	Agitation Amnesia PTSD Hallucinations Combativeness	☐ Dizzy☐ Headaches☐ Fainted☐ Involuntary Urination☐ Involuntary Defecation☐	
Visible Injuries: *Photograph any visible injury					
Face	Eye & Eyelids	Nose	Ear	Mouth	
☐ Red or Flushed ☐ Petechiae ☐ Scratch Marks	Petechiae to Eyeball R and / or L Petechiae to Eyelid R and / or L Bloody Red Eyeball(s)	☐ Bloody Nose ☐ Broken Nose ☐ Petechiae	☐ Bruising behind Ear ☐ R and / or ☐ L ☐ Bleeding from Ear Canal ☐ Petechíae	☐ Bruising ☐ Swollen Tongue ☐ Swollen Lips ☐ Cuts / Abrasions	
Under Chin	Chest	Shoulders	Neck	Head	
Redness Scratch Marks Bruise(s) Abrasions	Redness Scratch Marks Bruise(s) Abrasions	Redness Scratch Marks Bruise(s) Abrasions	Redness Scratch Marks Bruising Fingernail Impressions Swelling Ligature Mark	Ancillary findings: Hair Pulled Bump(s) Skull Fracture Concussion	
 How long? Describe h Is the susp Was the vi Was the vi 	where was the victim	minutes. spect's grip was? led? If known neously while being ounded against the v	g strangled? Straddl	ed? Against Wall?	

10. Describe prior domestic violence history? Prior threats?11. Any prior incidents of strangulation? How many? How often?

strangling the victim? What was the suspect's facial expression?

1 Strangulation

What are we doing about it?

Presented by:

Sergeant Daniel Rincon — Scottsdale Police Department &

Forensic Nurse Examiner Jill Rable - Scottsdale Healthcare

2 Why The Need For This Training?

- To better understand the lethality of strangulation
- Understanding its prevalence in Domestic Violence
- Learn best practices to investigate and prosecute these types of cases
- The recent change in Arizona Law
- All disciplines know very little about strangulation
 - **■**Law Enforcement
 - **■**Prosecutors
 - **■**Judges
 - ■Medical Community
 - **■**Victim Advocates

3 Why The Need For This Training?

- In 2009, House Bill 2353 was in the Arizona State Legislature
- This bill addressed a "person who knowingly or intentionally impedes the normal breathing or circulation of blood by applying pressure to the throat or neck or by obstructing the nose or mouth..."
- In September of 2010, HB 2353 became law (ARS: 13-1204.B)

4 Aggravated Assault 13-1204.B

5 Process of Success

- Understanding the need for such training
- Have a strong relationship with your County Attorney's Office
- ..
- Provide training to all stakeholders
 - ■Establish a clear standard

6 Strangulation Study

- In 1995, the San Diego Police Department and the San Diego City Attorney's Office conducted a study of 300 strangulation cases
- 2
 - ■These reports were randomly selected over a 5-year period
 - ■The police officers had no specialized training

7 Study Findings

- Victims reported being "Choked" by:
- 28
- ■Bare Hands
- **■**Arms
- **■**Other objects
 - ■Electrical Cord
 - **■**Belts
 - ■Ropes
 - ■Bras

8 Manual Strangulation

Most commonly used

9 Study Findings

- 99% of the suspects were men
- There was a history of Domestic Violence in 90% of these cases
- Children were present in 50% of cases
- Only 3% of the victims sought medical attention

10 Study Findings

San Diego Study - 300 Cases

- 50% of cases, no visible injury
- 35% of cases had minor injury
- 15% of cases, significant visible injury

11 Recent Study

- Women that are strangled by their partners and survive are 800% more likely to be killed by their partner in a subsequent assault and 700% more likely to suffer an attempt on their lives by their abusive partner at a later time.
- ■Thus, ARS 13-1204.B1 becomes a homicide prevention measure by allowing prosecutors to file spousal abuse charges as a felony before the abuser ends up killing his partner.

12 Lethality - 2008 Study

- A 2008 study in the Journal of Emergency Medicine found 43% of women who were murdered in domestic assaults and 45% who were victims of attempted murder had been choked in the <u>past year</u> by their male partners.
- *Journal of Emergency Medicine Link

- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2573025/

13 High Risk & Lethality...

Strangulation is different!

- When battered women were asked what made them believe they were in danger or not - the majority of women perceiving a great amount of danger mentioned "choking" as a tactic used against them that made them believe their partner might kill them
 - ■Stuart & Campbell, 1989

14 Minimization by Victims

- Most victims may be reluctant to seek medical attention because they don't understand the dangers
- ■"He didn't really choke me, he just had me in a headlock and I couldn't breathe."
- Question: Who is responsible for calling EMS?
 - ■The first responder

15 Minimization by Professionals

■ Dispatch operators may not realized the danger and trivialize the violence

16 Minimization by Offenders

- San Diego, California case:
 - ■"Why are you arresting me? I only choked her!"
- Portland, Oregon case:
 - ■"Officer, I swear I didn't hit her! All I did was choke the living shit out of her once or twice. I swear I didn't hit her!"

17 Minimization by the Court

- Don't always expect your judges or jurors to understand the seriousness of strangulation
- Without an expert, jurors are likely to think it didn't happen because the injuries were too minor (San Diego Jury)
- With an expert, jurors wanted to know why the case was only prosecuted as a misdemeanor (Orange County Jury)
- 18 Power & Control

Casey Gwinn, Co-Founder of the National Family Justice Alliance

19

- Ouote from a Scottsdale PD case (2012)
- I asked SUSPECT what the point of choking VICTIM was tonight, and he said that it was to show her "that I'm capable of fighting back, and that I would win, if I had to, I choose not to though." I asked SUSPECT if he realized that he would probably hurt VICTIM by doing that, and he said "yeah, but I didn't hurt her. I wanted her to know, that what she has done is unacceptable, and that I'm capable physically if wanted to, of killing her, really."

20 CHOKING & STRANGULATION

Is there a difference?

21 What's the Difference

Choking: Simply defined as partial or total blockage of an air passage by a foreign object.

22 What's the Difference

- 1 STRANGULATION
- Defined as a form of asphyxia (lack of oxygen) characterized by closure of blood vessels and/or passages of the neck as a result of external pressure on the neck

23 Three Forms of Strangulation

- Hanging

- Ligature

- Manual

24 Strangulation Autopsy

25 Autopsy

- Face was congested
- Tongue was bitten
- Horizontal ligature mark below the thyroid cartilage
- Neck muscles showed signs of trauma
- Tracheal rings were fractured
- Multiple abrasions and contusions on chin, both arms, and abdomen suggesting a struggle

26

27 Hanging vs. Ligature

28 The victim will lose consciousness

- Blocking of the carotid arteries
 - ■Depriving the brain of oxygenated blood
- Blocking of the jugular veins
 - ■Prevents de-oxygenated blood from leaving the brain
- Closing off the airway
 - ■Causing the victim from being unable to breathe

29 🔲

30 Quantity of Applied Force

- 4.4 lbs. of pressure: Can close the jugular veins
- 11 lbs. of pressure can close the carotid arteries and in 10 seconds and render someone...

Unconscious

^{*}Comparisons:

- 4-6 lbs of pressure (trigger pull)
- 22 lbs of pressure to open a can of soda
- 33 lbs. of pressure to close the trachea

31 Duration of Applied Force

- If pressure is released immediately, consciousness will be regained in 10 seconds
- 50-seconds "point of no return" because a person's bounce-back reflexes become inoperative
- 7
- Brain death will occur within 4 to 5 minutes, if strangulation persists
- •
- Parking Lot Video Real Time
 Courtesy of Detective Mike Agnew, Fresno PD (Retired)
- Parking Lot Video Slow Motion
 Courtesy of Detective Mike Agnew, Fresno PD (Retired)

34 Signs of Unconsciousness

- Loss of memory
- Unexplained positional change
- Unexplained gap in timeline
- Bowel or bladder inconsistency
- Unexplained injuries (bump on head)
- Visual impairment

$_{ m 35}$ Signs and Symptoms of Strangulation

36 Symptoms

- ¹ Voice Changes
- ² Hoarseness
 - Change of pitch
 - Raspy voice
 - Partial or total loss of voice
- ³ Breathing Changes
- 4 Difficult but not painful
 - Painful when swallowing
 - Pain to throat
 - Coughing or clearing of throat

37 Symptoms

- Take note of behavioral changes
 - ■Restlessness to combativeness
 - ■Feeling dizzy, faint, loss of memory or consciousness
- Miscellaneous:
 - ■Involuntary urination or defecation, miscarriage, nausea/vomiting, vision faded or reported "seeing stars"
- Lung Damage

	■Vomit inhaled during strangulation
38	VISIBLE INJURIES Signs of Strangulation
39	Visible Injuries ■ Scratches, Abrasions, Scrapes ■ Many scratches on the neck are defensive wounds ■ Ligature marks ■ Ropes ■ Clothing ■ Belt
40	Scratches
41	Scratches
42	Claw Marks Defense wounds
43	Impression Marks Be suspicious
44 🔲	Bruises (Ecchymoses or Purpura) ■ Fingertip bruises are circular or oval, often faint ■
	■ Single bruise on neck is most frequently from the suspect's thumb
	■ Bruising behind the ears
45	Thumbprint Bruise
46	Fingertip bruising
47	Bruising Behind the Ear
48	Ligature Marks *Note: the mark is perpendicular to her neck
49	Patterned Injury
50	Chin Abrasions
	■ Instinctive effort by the victim to protect her neck and be able to breather
	Chin Abrasions
52	Chin Contusion
53	Subconjunctival Hemorrhage Capillary rupture in the sclera of the eyes ■
	■ This suggests a particularly vigorous struggle
54 🔝	Subconjunctival Hemorrhage

55	Petechiae (Tiny Red Spots) ■ A result of the rupturing of the capillaries ■ Might appear above the area of trauma ■ Areas to check: ■ Eyes and eyelids ■ Face ■ Behind the ears, Inside the ears (usually only visible with a magnified scope) ■ Hairline
56	Petechiae
	Petechiae
	Petechiae on the Eyelid
	Petechiae on the Neck
60	Palate Petechiae
61	Petechiae on the Face
62	Petechiae on the Hairline
63	Swelling (Edema) ■ Neck or tongue
	■Usually caused by internal bleeding, injury to any of the underlying neck structures, or fracture of the larynx allowing air to escape into the tissues of the neck
64	Swelling
65	Handprints on the Neck
66	Questions to ask your Victim
67	Questions to Ask ■ Routinely ask every abused victim, "Did your husband/boyfriend strangle you?" ■ Did he put his hands around your neck? ■ How did he do it? ■ Hands (one or two)? ■ Object? What object? ■ Have them demonstrate it ■ Use an imaginary person ■ Video tape or photograph demonstration
68	
	■ Do <u>not</u> have them demonstrate on themselves or have someone demonstrate on the victim
69	Better way to demonstrate
70	Questions to Ask

■ How long did the suspect strangle you?

- ÷
- How hard did the suspect grab the victim's throat?
- 2.
- Was the victim simultaneously shaken while being strangled?
 - ■How much shaking?
- Could the victim breathe or have difficultly breathing?

71 Questions to Ask

- Did the victim involuntarily urinate or defecate?
- Did the victim faint, black out or lose consciousness?
- Did the victim complain of nausea or report vomiting?
- Any complaints of pain, discomfort, or trouble swallowing? Raspy voice?

72 Questions to Ask

- Any prior incidents of strangulation? How Many? How often?
- Any pre-existing neck injuries?
- Was the suspect wearing any rings?
- _
- What did the suspect say to the victim while he was strangling her?
- Have victim describe the suspect's facial demeanor and facial expressions

73 Investigative Points to Remember

- Have you described the visible injuries in detail and photographed them?
- 22
- Have you taken follow-up photographs (1-3 days after the incident)?
- If an object was used to strangle the victim, was it photographed and impounded as evidence?

74 Liability

- Even with no visible injury, have EMS respond.
 - ■Potential internal injury that can be fatal, might not be apparent.
- Because of underlying brain damage caused by a lack of oxygen during strangulation, victim's have died up to a week later.

75 Recap and New Goal

- 50% of cases, No visible injury
- 35% of cases, Minor visible injury, too minor to photograph
- 15% of cases, significant visible injury
- Goal: By knowing all the signs and symptoms to look for and document in strangulation cases, we can identify previously overlooked injuries

76 PILOT PROGRAM

77 . N.U.R.S.E.

Scottsdale Healthcare®

First Responders to Domestic Violence (DV):

- Neck: Any visible sign of trauma (Neck, Eyes, Ears, Mouth)
- <u>Unconscious</u>: Memory lapse, incontinence, erratic behavior?
- Restricted Airway: Difficult to swallow, breathe or talk?
- Strangulation: Report of attempted or successful strangulation?
- Exam: Any "Yes" response = Conduct medical forensic DV Exam

78 Unconscious within seconds, death within minutes...

It's not just a slap in the face

79 Contact Information

Sergeant Dan Rincon Scottsdale Police Department Office — 480.312.5153

E-mail: drincon@scottsdaleaz.gov

Forensic Nurse Examiner – Jill Rable Scottsdale Healthcare Office: 480.312.6340 E-mail: Jrable@shc.org

1 Domestic Violence Strangulation Project 2 San Diego Study 1990-1997 • ● 300 cases ● 99% of victims were female ● 97% reported manual strangulation, 3% by ligature 41% reported children present ◉ • 3 San Diego Study 1990-1997 Symptoms Reported: 67% reported NO SYMPTOMS 18% reported pain only 7% other 5 % breathing changes 2% problems swallowing • 4 San Diego Study 1990-1997 ◉ (•) 5 San Diego Study 1990-1997 ● San Diego Study Understates need for "medical" testimony in strangulation cases. > "When medical treatment was obtained, the medical observations were strikingly robust." > "The difference between the officer's description and the Emergency Physician's description is quite significant for the prosecutor." 6 Reviewed submittals to MCAO between February 2011 - August 2011 ⊚ • 7 Cases Filed:

- (•)
- 7 of 50 cases = 14%

8 43 cases Turndown for Prosecution

- Reasons:
 - > 90% Lack of corroboration
 - > 5% Self defense issues
 - > 5% Breathing not impeded

9 Project started December 1, 2011

- Partners:
 - > Maricopa County Attorney's Office
 - > Glendale PD
 - > Chandler PD
 - > Scottsdale Healthcare

10 Agreement:

 To provide medical – forensic examinations and collect evidence relating to intimate partner domestic violence where allegations of strangulation are present

Cost per exam - \$400 Includes:

- 1) Respond 24/7 to Advocacy Center/Hospital
- 2) Assess, plan, intervene and evaluate patient/victim care as stated in the policies and procedures, standards of care, and clinical competencies of the FNE department
- 3) Conduct comprehensive evidentiary examinations of the victim/suspect including documenting the history, perform a head to toe examination, gather photographic documentation, collect DNA evidence and other physical evidence, evaluate and report findings to law enforcement, and maintain the chain of custody as directed by MCAO.

12

- 4) Provide fact and expert witness testimony in court; attend and participate in defense interviews and pretrial preparation; and maintain availability for case staffings as necessary.
- 5) Maintain victim/suspect documentation and confidentiality of medical/legal records, including HIPAA requirements where and if applicable; and
- 6) Consult with other specialists as required and adjust nursing care process as indicated to ensure optimal care.

13 3 Month Review

December 1st, 2011 - February 29th, 2012

- Allegation of Strangulation
 - > 34 cases Glendale PD
 - > 7 cases Chandler PD
 - > 41 Total

>

14 31 victims in 41 cases consented to exam

- Exams performed at
 - > 31 Glendale Family Advocacy Center
 - > 6 Mesa Center Against Family Violence
 - > 2 Arrowhead Community Hospital
 - > 1 Banner Thunderbird Hospital
 - > 1 Chandler Regional Hospital

>

15 31 exams of consenting victims 26 of these cases were submitted for felony charges to MCAO

- Results:
 - > 16 Cases filed by MCAO
 - > 2 Sent to City
 - > 8 Turndown
- Increase from 14% filed to 61.5% filed.

16 What can we learn from the 8 turndowns?

17

Projections for Countywide Implementation of Domestic Violence Strangulation Exams

- 18 Number of Cases of Alleged Strangulation in 2011
 - ⊕ Phoenix 1000

 - **Glendale 123
 - *Chandler 75

 - Surprise − 37

 - ⊕ Buckeye 5

 - Peoria 53
 - Paradise Valley − 0

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- *Estimate Based on 5% of total of Domestic Violence Calls
- **Estimate Based on Pilot Project Exam numbers

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Total Calls of Alleged Strangulation in 2011 1557

19 75 % of Victims Consenting to Exams Based on Pilot Project

● 1557 Allegations of Strangulation **⊙** 75% Consent to Exams ● 1168 Exams 20 Estimate of 1168 Exams ● *Cost \$500 per Exam • * Increase request from Scottsdale Healthcare from \$400 21 Based on Pilot Project • • ● 84% of Cases Where Victims Had Exams Were Submitted to MCAO 22 Estimate of 1168 Exams Per Year ● 992 Submittals Per Year (estimate) ● 61.5% of Submittals Were Filed = 610 Cases Filed (estimate) 23 Submittals to MCAO in 2011 ⊙ 342 Submittals ● Filed Only 91 Cases ● Estimate of Additional Cases to MCAO Per Year - 519